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<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</b>		Attorney Docket Number	716139.186
		First Named Inventor	Wood, Jonathan M.
<b>COMPLETE IF KNOWN</b>			
		Application Number	Not yet known
		Filing Date	Herewith
		Group Art Unit	Not yet known
		Examiner Name	Not yet known

**As a below named inventor, I hereby declare that:**

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

COLLAPSIBLE DUMP BIN

(Title of the Invention)

the specification of which

 is attached hereto

OR

 was filed on (MM/DD/YY)as United States Application Number or PCT International  
(if applicable).

Application Number

and was amended on (MM/DD/YY)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

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## DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number or Bar Code Label		27128	OR <input type="checkbox"/> Correspondence address below							
<p>Name <b>Samuel Digirolamo</b></p> <p>Address <b>Blackwell Sanders Peper Martin LLP</b></p> <p>Address <b>720 Olive Street, Suite 2400</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">City <b>St. Louis</b></td> <td style="width: 33%;">State <b>Missouri</b></td> <td style="width: 34%;">ZIP <b>63101</b></td> </tr> <tr> <td>Country <b>US</b></td> <td><b>Telephone 314-345-6000</b></td> <td><b>Fax 314-345-6060</b></td> </tr> </table>					City <b>St. Louis</b>	State <b>Missouri</b>	ZIP <b>63101</b>	Country <b>US</b>	<b>Telephone 314-345-6000</b>	<b>Fax 314-345-6060</b>
City <b>St. Louis</b>	State <b>Missouri</b>	ZIP <b>63101</b>								
Country <b>US</b>	<b>Telephone 314-345-6000</b>	<b>Fax 314-345-6060</b>								
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>										
<b>NAME OF SOLE OR FIRST INVENTOR:</b> Given Name (first and middle [if any]) <b>Jonathan M.</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor Family Name Or Surname <b>Wood</b>								
Inventor's Signature 		Date <b>8/4/04</b>								
Residence City: <b>Monroe</b>		<b>State GA</b>	<b>Country US</b>	<b>Citizenship US</b>						
Mailing Address <b>1417 Brookhaven Drive</b>										
<b>Mailing Address</b>										
City <b>Monroe</b>		<b>State GA</b>	<b>ZIP 30656</b>	<b>Country US</b>						
<b>NAME OF SECOND INVENTOR:</b> Given Name (first and middle [if any]) <b>Christopher C.</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor Family Name Or Surname <b>Bidwell</b>								
Inventor's Signature 		Date <b>8/4/04</b>								
Residence City: <b>Dunwoody</b>		<b>State GA</b>	<b>Country US</b>	<b>Citizenship US</b>						
Mailing Address <b>P.O. Box 888785</b>										
<b>Mailing Address</b>										
City <b>Dunwoody</b>		<b>State GA</b>	<b>ZIP 30356</b>	<b>Country US</b>						
<input checked="" type="checkbox"/> Additional inventors are being named on the <u>1</u> supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.										

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**PTO/SB/04 (10-00)**

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